

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/536,692
Filing Date	09-28-2005
First Named Inventor	Mario Villena et al.
Art Unit	3689
Examiner Name	D. Ruhl
Attorney Docket Number	Homexperts-692

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000074786

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or Individual Name Homexperts, Attn: William Kennedy

Address 10700 N Kendall Dr., Suite 401

City Miami State FL Zip 33176

Country USA

Telephone (305) 527-3353 Email bkennedy@homexperts.net

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 

Name Jose Villena

Date 6-12-2008 Telephone (305) 351-8646

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

☐ *Total of _____ forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Signature *Mario Villena*

Name Mario Villena

Date 6-12-08

Telephone (305) 351-8646

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